

CNCS/MISAU/PEPFAR PARTNERS JOINT MEETING

Stakeholder Meeting, Q&A Notes Template

Name of session: PEPFAR systems investments: Building complementarity with GRM

Date: June 19, 2018

Speaker: Eddie Kariisa; Francina Mucambe

Notetaker: Della Correia

Question: following this presentation when and how will DRH support provinces on the alignments of plans in terms of: staffing plans, Hiring processes, staff retention, etc.

Response: There will an opportunity tomorrow during provinces group working sessions to clarify doubts. Central level staff, should be prepared to go around groups to provide better clarifications

Question: : Is the HR Developing Plan aligned with the TTR Strategy (Test, Treat, Retain) and the WHO 2008 global recommendations? What is the plan to train health providers for the new ART line – DLT, is there a plan to also train PLHIV for this new line to ensure adherence? In Washington during COP discussion if I understood it was recommended that to improve retention in care and treatment, PLHIV should be hired and paid as ‘peer educators’ and mobilizes, what is the current status of that plan? Who will implement?

Response:

- PLHIV are already working as part of HIV care and treatment teams both at facility and community, what is needed is to increase their number. During COP discussion in Washington there was no exclusive recommendation on hiring process of PLHIV, most important is that they must always be part of all the process

Question: During provincial planning discussion and harmonization, some DPSs raised the issue of lack of HR to improve quality of services and reduce work overload, they requested additional MCH nurses to address the new ETV plan, pharmacy, also need of support for temporary hiring until absorption, but seems that PEPFAR is not supporting Pre-service. How can this be addressed? what support can PEPFAR continue to provide? is it possible, is there a limit for this?

Response: currently PEPFAR is supporting payment for more than 600 new graduated MCH nurses that were trained but not absorbed by the health system. PEPFAR is supporting payment of community workers, PEPFAR is also trying to align subsidies of lay workers with those paid from the government. There exiate health providers trained not absorb by the system. Provinces needs to align their training plans with absorption capability

Question: Currently we see an increase of patient tested and enrolled in care, consequently, amount drugs and tests needs has increased considerably but, resources for transport and good storage are being reduced. What is the plan or what can PEPFAR do to advocate and encourage GoM and Global Fund to also increase their investment in the supply chain?

Response:

Resources allocated to the supply chain - were not increased by either PEPFAR or the government. We need

to advocate for increasing of resources, otherwise we'll have storage and distribution problems, IP continues to support but. GoM should also look to other sources an finances

Suggestion: it would be important that clinical implementing partner be provided with updated and correct information about, what are the appropriated space to build health infrastructures and the different type of services. Namely:

- Appropriate space for each specific clinical function – lab, pharmacy, deliver unit, outpatient services
- Quality and durability of materials used for construction and adequate techniques
- Appropriated flow of services based on Health facility type and services that are provided
- Humanization, protection and safety of health providers (biosafety; privacy of the patient including pregnant women; protection of child at EPI services and CCR

Most of the error currently seen at H. Facility infrastructures and new construction are due to lack of construction knowledge from clinical managers (medicos chefes, directores tecnicos) including clinical partners. With better knowledge about what are the requirements and steps to build appropriately and the consequences of construction errors in terms of life and quality of construction, loose of money it would be possible to adjust the existing infrastructure in order to improve the flow of patients and provide better work environment for the facility staff.

Most implementing partners have Infrastructure Departments that can not do projects or supervision because they can not obtain an adequate license to be held accountable for this work.

PEPFAR and MoH can support learning or orientation rounds/tours (rondas de troca de experiencia) for DPS staff on construction, to learn about the basic requirements, how to supervise , who have the capability to supervise, inefficiencies and consequences caused by ignorance and bad construction

Question: Provinces are requesting financing for some pre-service training ex: MCH nurses to address ETV, improve quality of services provision, retention issues and other challenges, but PEPFAR is not supporting Pre-service. How can this be addressed? what support can PEPFAR continue to provide?

Response:

Question: – Complex procedures and lack of local capacity to manage leads to decreased capacity to absorb / use resources for infrastructures and transportation of medicines this causes money to be returned without being used although locally required. What to do to improve

Response: Managers must be trained to improve appropriate and timely use of resources

Question: Many PLHIV work for love and solidarity in support of their peers, and do home care. There is talk of a pay table produced that was developed by PEPFAR and MISAU. Was it already been officially approved? When will it star to be implemented?

Response:

PEPFAR is undertaking an exercise with MISAU to harmonize the payment of community and lay workers by their implementing partners to avoid discrepancies, and it can be shared. Note that it is a PEPFAR table to harmonize IP approach, it is not MOH salary because community lay workers are not part of the MISAU cadre